

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

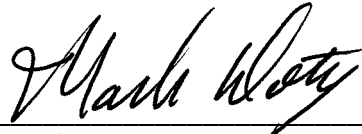
In the Matter of an Investigation to Determine)
The Annual Assessment Rate for the)
Twenty-Eighth Year of the Kansas Universal) Docket No. 24-GIMT-229-GIT
Fund, Effective March 1, 2024.)

SUBMISSION
OF ICC CAF DATA COLLECTION AND CERTIFICATIONS

COMES NOW LaHarpe Telephone Company, Inc. and as required by the FCC,
submits the accompanying information.

LaHarpe Telephone Company, Inc. submits its company-specific information
under seal as confidential and proprietary as set forth in the letter filed herewith.

Respectfully submitted,



Mark Doty #14526
GLEASON & DOTY, CHARTERED
P.O. Box 490
Ottawa, KS 66067
(785) 242-3775
Attorney for LaHarpe Telephone Company,
Inc.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		LaHarpe Telephone Company, Inc	
Signature of Authorized Officer		Date	June 3, 2024
Printed name of Authorized Officer	Harry Lee, Jr		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer:	(620) 496-2291, ext.		
Study Area Code of Reporting Carrier	411791	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier

I certify that (Name of Agent) Moss Adams LLP is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent		Moss Adams LLP	
Name of Reporting Carrier		LaHarpe Telephone Company, Inc.	
Signature of Authorized Officer		Date	June 3, 2024
Printed name of Authorized Officer		Harry Lee, Jr	
Title or position of Authorized Officer		President	
Telephone number of Authorized Officer: (620) 496-2291 ext.			
Study Area Code of Reporting Carrier	411791	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier		LaHarpe Telephone Company, Inc.	
Signature of authorized officer		Date	Jun 3, 2024
Printed name of authorized officer	Harry Lee, Jr.		
Title or position of authorized officer	President		
Telephone number of authorized officer:	(620) 496-2291		
Study Area Code of Reporting Carrier	411791	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier		LaHarpe Telephone Company, Inc.	
Signature of authorized officer		Date	June 3, 2024
Printed name of authorized officer	Harry Lee, Jr		
Title or position of authorized officer	President		
Telephone number of authorized officer:	(620) 496-2291		
Study Area Code of Reporting Carrier	411791	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.